Sax \$0577-273-0177

Approved for use through 10/31/2002, OMB 0631-0031

U.S. Petern and Tradement Office; U.S. DEPARTMENT OF COMMERCE

U.S. Petern and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Fax no.: 571-273-0177

16 pages inclusive.
Certificate of Transmission under 37 CFR 1.8

RECEIVED CENTRAL FAX CENTER

DEC 1 0 2004

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on \_\_\_December 10, 2004

Date

Steven Bruce Michlin

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

The following papers have been submitted by fax, including 15 pages of Change of Corresponence Address forms PTO-122.

Thank you very much,

Steve B. Michlin

mx fax: 248-737-8269

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Paterts, Washington, DC 20231.

Aug 11-2000 6:11AM HP LASERJET FAX

PTO/S8/122 (09-04)
Approved for use through 07/31/2006, OMB 0651-0338
U.S. Patent and Tradament Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to	respond to a collection of information	n unice, c.c. Depart MENT OF COMMERC n unices it displays a valid OMB control number
CHANGE OF	Application Number	10/634, 307

## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1460

Application Number	10/634, 307
Filing Date	8-5-03
First Named Inventor	Steven Bruce Michlin
Art Unit	2852
Examiner Name	Chen, Sophia
Attorney Docket Number	, , ,

		j				
Please	change the Con	respondence Ad	ddress for the abo	ve-identified patent applic	ation to:	
	e address esso stomer Numbe		486	48	7	
OR		:				
	m or Ividual Name				,	
Address		: !		•		^-
	6771 Cott	onwood i	Knoll			
City	Vest Bloc	;		State Michigan	48322	
Country	USA			- main Merit	TUJEE	
Telephon	248-396-0	969		Fax 248-737-8	3269	<del></del>
This form	cannot be use	to change the	data associated ver Number use "F	with a Customer Number.	To change the aber Data Change' (PTO/SB/12	<u> </u>
I am the:				redence for Generality (fail)	iner para cuanda (E10/28/12/	<b>4).</b>
(X	Applicant/l	nventor				
	Assignee of Statement	record of the under 37 CFR	entire interest. 3.73(b) is enclose	d. (Form PTO/SB/96).		
	7	i	d. Registration Nu	•	············	
	Registered executed o	practitioner na ath or declarati	med in the application. See 37 CFR 1	ition transmittal letter in en .33(a)(1). Registration Nu	application without an	
Signature	Stone	To let	Mulles			
Typed or Printe Name <b>St</b>		ce Michii				
Date 12-9				Telephone 248-396	-uaea	
NOTE: Signatures of forms if more than	of all the inventors of the algorithms is req	assignees of reconstred, see below.	d of the entire interest	or their representative(s) are requ	red. Submit multiple	
X Total of C	ne					==

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and extentiting the completed application form to the USFTO. Time will very depending upon the individual case. Any comments on the emanut of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1459, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.